

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Fairfax County Democratic Committee

ADDRESS (number and street) 2815 Hartland Rd Suite 100
Check if different than previously reported. (ACC) Falls Church VA 22043

2. **FEC IDENTIFICATION NUMBER** C00277541
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 01 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Bruce H Neilson

Signature of Treasurer Electronically Filed by Mr. Bruce H Neilson Date 02 19 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Fairfax County Democratic Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">38143.52</td></tr></table>	38143.52
Y	Y	Y	Y									
2	0	0	9									
38143.52												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">119781.39</td></tr></table>	119781.39										
119781.39												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">35026.21</td></tr></table>	35026.21	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">35026.21</td></tr></table>	35026.21								
35026.21												
35026.21												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">154807.60</td></tr></table>	154807.60	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">73169.73</td></tr></table>	73169.73								
154807.60												
73169.73												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">63019.56</td></tr></table>	63019.56	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">63019.56</td></tr></table>	63019.56								
63019.56												
63019.56												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">91788.04</td></tr></table>	91788.04	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">10150.17</td></tr></table>	10150.17								
91788.04												
10150.17												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Fairfax County Democratic Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13355.00	13355.00
(i) Itemized (use Schedule A)	20655.00	20655.00
(ii) Unitemized	34010.00	34010.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1000.00	1000.00
(c) Other Political Committees (such as PACs)	35010.00	35010.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.55	0.55
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	-300.00	-300.00
17. Other Federal Receipts (Dividends, Interest, etc.)	315.66	315.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35026.21	35026.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35026.21	35026.21

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	48309.23	48309.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	48309.23	48309.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6300.00	6300.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	8410.33	8410.33
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	8410.33	8410.33
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63019.56	63019.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63019.56	63019.56

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	35010.00	35010.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35010.00	35010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48309.23	48309.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.55	0.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48308.68	48308.68

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Roy Baldwin

Mailing Address 2915 Hunter Mill Rd. #18

City State Zip Code
Oakton VA 22180

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2009

Transaction ID: C4089769

Amount of Each Receipt this Period
70.00

B. Full Name (Last, First, Middle Initial)
Roy Baldwin

Mailing Address 2915 Hunter Mill Rd. #18

City State Zip Code
Oakton VA 22180

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2009

Transaction ID: C4090661

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Eleanor Bissell Bochner

Mailing Address 9402 Colonade Dr

City State Zip Code
Vienna VA 22181-6118

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: C4091640

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Eleanor Bissell Bochner

Mailing Address 9402 Colonade Dr

City State Zip Code
Vienna VA 22181-6118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 15 / 2009
Transaction ID: C4091642

Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Jon Bowerbank

Mailing Address PO 40

City State Zip Code
Cedar Bluff VA 24609

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
EMATS, Inc CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 20 / 2009
Transaction ID: C4091368

Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Amy Ludwiczak Bowman

Mailing Address 8927 Fort Hunt Road

City State Zip Code
Alexandria VA 22308

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Law Office of Amy L. Bowman, P.C. attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 08 / 2009
Transaction ID: C4090000

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 2225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Amy Ludwiczak Bowman

Mailing Address 8927 Fort Hunt Road

City State Zip Code
Alexandria VA 22308

FEC ID number of contributing federal political committee. C

Name of Employer: Law Office of Amy L. Bowman, P.C. Occupation: attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 09 / 2009
Transaction ID: C4090279

Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Charlotte Camp

Mailing Address 6009 Coffey Woods Ct

City State Zip Code
Burke VA 22015-2901

FEC ID number of contributing federal political committee. C

Name of Employer: NA Occupation: retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 14 / 2009
Transaction ID: C4090905

Amount of Each Receipt this Period 225.00

C. Full Name (Last, First, Middle Initial)
Barbara Lee Caputo

Mailing Address 12304 Westwood Hills Dr

City State Zip Code
Herndon VA 20171-1507

FEC ID number of contributing federal political committee. C

Name of Employer: self Occupation: automation consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 01 / 27 / 2009
Transaction ID: C4092474

Amount of Each Receipt this Period 360.00

SUBTOTAL of Receipts This Page (optional) 660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Joseph Cox

Mailing Address 4215 Stackler Dr

City State Zip Code
Fairfax VA 22030-5560

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Catapult Consultants, LLC Consultant / CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 01 / 16 / 2009
Transaction ID: C4090898

Amount of Each Receipt this Period 260.00

B. Full Name (Last, First, Middle Initial)
Creigh Deeds

Mailing Address PO Box 533

City State Zip Code
Richmond VA 23218-0533

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Senate of VA Senator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2009
Transaction ID: C4090438

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Christine Ann Delta

Mailing Address 6619 Goldsboro Rd

City State Zip Code
Falls Church VA 22042-4131

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 09 / 2009
Transaction ID: C4089965

Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) 985.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Michele M Duell

Mailing Address 7413 Grace St

City Springfield State VA Zip Code 22150-3916

FEC ID number of contributing federal political committee. **C**

Name of Employer Apptis Occupation VP

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2009
Transaction ID: C4091806
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ronald Louis England

Mailing Address 7504 Woodside Ln Apt 24

City Lorton State VA Zip Code 22079-2011

FEC ID number of contributing federal political committee. **C**

Name of Employer BearingPoint Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 01 / 28 / 2009
Transaction ID: C4092497
 Amount of Each Receipt this Period 360.00

C. Full Name (Last, First, Middle Initial)
John William Foust

Mailing Address 7822 Swinks Mill Court

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 01 / 02 / 2009
Transaction ID: C4089754
 Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► 680.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.

Full Name (Last, First, Middle Initial)
John William Foust

Mailing Address 7822 Swinks Mill Court

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 01 / 06 / 2009

Transaction ID: C4089946

Amount of Each Receipt this Period 175.00

B.

Full Name (Last, First, Middle Initial)
Marc Alan Greidinger

Mailing Address 8306 Uxbridge Ct

City State Zip Code
Springfield VA 22151-1720

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 15 / 2009

Transaction ID: C4091330

Amount of Each Receipt this Period 225.00

C.

Full Name (Last, First, Middle Initial)
Joyce Henry-Schargorodski

Mailing Address 6208 Sudley Church Ct

City State Zip Code
Fairfax Station VA 22039-1225

FEC ID number of contributing federal political committee. C

Name of Employer Schargorodski & Associates Occupation
PLC (Law Of Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 15 / 2009

Transaction ID: C4091363

Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional) 775.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Mary Ann Hovis
 Mailing Address 2700 Green Holly Springs Ct
 City State Zip Code
 Oakton VA 22124-1457
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 3 / 2 0 0 9
Transaction ID: C4092435
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation Marketing Ex
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

B. Full Name (Last, First, Middle Initial)
Mary Ann Hovis
 Mailing Address 2700 Green Holly Springs Ct
 City State Zip Code
 Oakton VA 22124-1457
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9
Transaction ID: C4092480
 Amount of Each Receipt this Period
 360.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation Marketing Ex
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

C. Full Name (Last, First, Middle Initial)
Mark L Itzkoff
 Mailing Address 6114 Emmett Guards Ct
 City State Zip Code
 Fairfax Station VA 22039-1302
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 9
Transaction ID: C4091510
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olsson Frank Weeda Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

SUBTOTAL of Receipts This Page (optional) ► **810.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Mark L Itzkoff	Date of Receipt MM / DD / YYYY 01 / 21 / 2009
	Mailing Address 6114 Emmett Guards Ct	Transaction ID: C4091854
	City State Zip Code Fairfax Station VA 22039-1302	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Olsson Frank Weeda Occupation Attorney Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00

B.	Full Name (Last, First, Middle Initial) Mark L Itzkoff	Date of Receipt MM / DD / YYYY 01 / 28 / 2009
	Mailing Address 6114 Emmett Guards Ct	Transaction ID: C4092525
	City State Zip Code Fairfax Station VA 22039-1302	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Olsson Frank Weeda Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00

C.	Full Name (Last, First, Middle Initial) Peter Kaldes	Date of Receipt MM / DD / YYYY 01 / 28 / 2009
	Mailing Address 6677 Hanson Ln	Transaction ID: C4092495
	City State Zip Code Lorton VA 22079-1367	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Weil Gotshal & Manges Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

SUBTOTAL of Receipts This Page (optional)	565.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.

Full Name (Last, First, Middle Initial)
Drew Alan Kleibrink

Mailing Address 7223 Timber Ln

City Falls Church State VA Zip Code 22046-2733

FEC ID number of contributing federal political committee. **C**

Name of Employer Nova Benefits Occupation Employee Benefit Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 12 / 2009

Transaction ID: C4090795

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
William Edward Lahue

Mailing Address 9825 Laurel St

City Fairfax State VA Zip Code 22032

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employeed Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 09 / 2009

Transaction ID: C4090330

Amount of Each Receipt this Period 450.00

C.

Full Name (Last, First, Middle Initial)
Suchada Vichitakul Langley

Mailing Address 2435 Flint Hill Rd

City Vienna State VA Zip Code 22181-5448

FEC ID number of contributing federal political committee. **C**

Name of Employer usda Occupation economist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 01 / 27 / 2009

Transaction ID: C4092477

Amount of Each Receipt this Period 360.00

SUBTOTAL of Receipts This Page (optional) ► 1110.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Besra Laws		Date of Receipt
	Mailing Address 3203 Graham Rd		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Falls Church	VA	22042-3735
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer Self-Employed		Occupation Store Manager	Transaction ID: C4091768
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

B.	Full Name (Last, First, Middle Initial) Walter John Mika, Jr		Date of Receipt
	Mailing Address 5612 Eastbourne Dr		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Springfield	VA	22151-1607
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer Not Employed		Occupation Retired	Transaction ID: C4092494
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="360.00"/>

C.	Full Name (Last, First, Middle Initial) Patricia Ann Millett		Date of Receipt
	Mailing Address 4601 Millburn Ct		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22309-3165
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer Akin, Gump, Strauss, Hauer & Feld LLP		Occupation Attorney	Transaction ID: C4091333
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="650.00"/>	<input type="text" value="650.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1310.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Patrick Joseph Morrison

Mailing Address 6804 Jackson Ave

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer International Association of Fire Figh
Occupation AGP Education and Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 05 / 2009
Transaction ID: C4089766
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Lina D'Gornaz Orr

Mailing Address 9409 Old Courthouse Rd

City Vienna State VA Zip Code 22182-2052

FEC ID number of contributing federal political committee. **C**

Name of Employer Self
Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 22 / 2009
Transaction ID: C4092415
 Amount of Each Receipt this Period 1200.00

C. Full Name (Last, First, Middle Initial)
Vickie Lee Plunkett

Mailing Address 4432 Sleaford Rd

City Annandale State VA Zip Code 22003-3925

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested
Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2009
Transaction ID: C4093149
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Nancy Angland Rice	Date of Receipt MM / DD / YYYY 01 / 15 / 2009
	Mailing Address 2217 Halcyon Ln	Transaction ID: C4091643
	City State Zip Code Vienna VA 22181-3042	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Laura Austin Sonnenmark	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 9114 Volunteer Drive	Transaction ID: C4089992
	City State Zip Code Alexandria VA 22309	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation writer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Steven David Stone	Date of Receipt MM / DD / YYYY 01 / 22 / 2009
	Mailing Address 3608 Oakland Dr	Transaction ID: C4092421
	City State Zip Code Alexandria VA 22310-2111	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Stone Associates Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.

Full Name (Last, First, Middle Initial)
robert John surovell

Mailing Address 7732 Tauxemont Rd

City State Zip Code
Alexandria VA 22308-1055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Surovell Markle Isaacs & Levy Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: C4091265

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
robert John surovell

Mailing Address 7732 Tauxemont Rd

City State Zip Code
Alexandria VA 22308-1055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Surovell Markle Isaacs & Levy Attorney

Receipt For: 2010 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: C4091804

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Scott A. Surovell

Mailing Address 7739 Tauxemont Rd

City State Zip Code
Alexandria VA 22308-1056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Surovell Markle Isaacs & Levy PLC Attorney

Receipt For: 2009 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: C4090855

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ▶

330.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.

Full Name (Last, First, Middle Initial)
Scott A. Surovell

Mailing Address 7739 Tauxemont Rd

City State Zip Code
Alexandria VA 22308-1056

FEC ID number of contributing federal political committee. **C**

Name of Employer: Surovell Markle Isaacs & Levy PLC
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: C4091594

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Scott A. Surovell

Mailing Address 7739 Tauxemont Rd

City State Zip Code
Alexandria VA 22308-1056

FEC ID number of contributing federal political committee. **C**

Name of Employer: Surovell Markle Isaacs & Levy PLC
Occupation: Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2009

Transaction ID: C4091805

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Scott A. Surovell

Mailing Address 7739 Tauxemont Rd

City State Zip Code
Alexandria VA 22308-1056

FEC ID number of contributing federal political committee. **C**

Name of Employer: Surovell Markle Isaacs & Levy PLC
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2009

Transaction ID: C4092475

Amount of Each Receipt this Period
180.00

SUBTOTAL of Receipts This Page (optional) ► **260.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Karen M Harris Tate		Date of Receipt																					
	Mailing Address 11920 Richland Ln		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	0		2	0	0	9														
	City	State	Zip Code	Transaction ID: C4091727																				
	Oak Hill	VA	20171-1516	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	225.00																					
Name of Employer Fairfax County Public Schools		Occupation Instructional Assistant Tech																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	225.00																					

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	13355.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 52
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial)
Sheet Metal Workers' International Assoc

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: C4091677

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Sheet Metal Workers' International Assoc

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2009

Transaction ID: C4092146

Amount of Each Receipt this Period
-350.00

C. Full Name (Last, First, Middle Initial)
Virginia Leadership Pac Multi-Candidate Committee

Mailing Address 800 So St Asaph St 301

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00378356

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2009

Transaction ID: C4093156

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ► 1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 52
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
	Mailing Address 5350 Lee Hwy		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22207-1608
	FEC ID number of contributing federal political committee.		Transaction ID: C4096242
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="316.21"/>	
<input type="checkbox"/> Other (specify) ▼		Adjusting entry to bank deposit	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.55"/>
TOTAL This Period (last page this line number only)	<input type="text" value="0.55"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Lofton Fairchild		Date of Receipt
	Mailing Address 3012 Pecan Dr		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Chalmette	LA	70043
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Elite Air Systems		Occupation Air Conditioner Repairperson	Transaction ID: C4094786
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="-300.00"/>	Amount of Each Receipt this Period <input type="text" value="-300.00"/>
			Individual contribution returned.

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="-300.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="-300.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
	Mailing Address 5350 Lee Hwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Arlington	VA	22207-1608
	FEC ID number of contributing federal political committee. C		Transaction ID: C4096245
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 90.00
		<input type="text"/> 316.21	Adjusting entry to correct a bank deposit

B.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
	Mailing Address 5350 Lee Hwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Arlington	VA	22207-1608
	FEC ID number of contributing federal political committee. C		Transaction ID: C4093978
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.66
		<input type="text"/> 316.21	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 315.66
TOTAL This Period (last page this line number only)	<input type="text"/> 315.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212016 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="6.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212017 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="1.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212020 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="1.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9.16"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 360001 City Ft Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement credit card discount Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212021 Date of Disbursement 01 / 09 / 2009
	Amount of Each Disbursement this Period 6.98 Category/Type: 003

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 360001 City Ft Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement credit card discount Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212042 Date of Disbursement 01 / 12 / 2009
	Amount of Each Disbursement this Period 9.30 Category/Type: 003

C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 360001 City Ft Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement credit card discount Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212043 Date of Disbursement 01 / 12 / 2009
	Amount of Each Disbursement this Period 9.30 Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) ▶	25.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212051 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="12.72"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212052 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="15.04"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212054 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="71.30"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="99.06"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212055</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.73"/></p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212056</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.96"/></p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212064</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.78"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="29.47"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212067 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="3.10"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212083 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="11.16"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) Artistic Photo Services LLC	Transaction ID: D212040 Date of Disbursement
	Mailing Address Peter Klosky, Photographer 115 N.	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Sterling State VA Zip Code 20164	Amount of Each Disbursement this Period
	Purpose of Disbursement photographic services Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="264.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Auburn Quad Inc.	Transaction ID: D212046 Date of Disbursement 01 / 14 / 2009
	Mailing Address P O Box 390728	Amount of Each Disbursement this Period 1.38
	City Cambridge State MA Zip Code 02139	
	Purpose of Disbursement donor processing fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank Street Band	Transaction ID: D212061 Date of Disbursement 01 / 25 / 2009
	Mailing Address 13529 Ann Grigsby Circle	Amount of Each Disbursement this Period 1440.00
	City Centreville State VA Zip Code 20120	
	Purpose of Disbursement entertainment fund raising expense Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brooke Rental Center	Transaction ID: D212041 Date of Disbursement 01 / 12 / 2009
	Mailing Address 321 Mill St. NE	Amount of Each Disbursement this Period 918.00
	City Vienna State VA Zip Code 22180	
	Purpose of Disbursement dance floor rental Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2359.38
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) D & P Printing	Transaction ID: D212028 Date of Disbursement
	Mailing Address 5641 - I General Washington Drive	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22312	Amount of Each Disbursement this Period
	Purpose of Disbursement Party fundraising event flyer Candidate Name	<input type="text" value="744.45"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) D & P Printing	Transaction ID: D212029 Date of Disbursement
	Mailing Address 5641 - I General Washington Drive	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22312	Amount of Each Disbursement this Period
	Purpose of Disbursement Party fundraising event program pri Candidate Name	<input type="text" value="446.25"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) D & P Printing	Transaction ID: D212039 Date of Disbursement
	Mailing Address 5641 - I General Washington Drive	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22312	Amount of Each Disbursement this Period
	Purpose of Disbursement party fundraiser thank you cards pr Candidate Name	<input type="text" value="162.75"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1353.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial) D & P Printing Mailing Address 5641 - I General Washington Drive City Alexandria State VA Zip Code 22312 Purpose of Disbursement sample ballot local election Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212073 Date of Disbursement 01 / 29 / 2009
	Amount of Each Disbursement this Period 1194.00 Category/Type: 006

B. Full Name (Last, First, Middle Initial) D & P Printing Mailing Address 5641 - I General Washington Drive City Alexandria State VA Zip Code 22312 Purpose of Disbursement precinct letters local election Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212074 Date of Disbursement 01 / 29 / 2009
	Amount of Each Disbursement this Period 926.48 Category/Type: 006

C. Full Name (Last, First, Middle Initial) D & P Printing Mailing Address 5641 - I General Washington Drive City Alexandria State VA Zip Code 22312 Purpose of Disbursement absentee letter local election Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212075 Date of Disbursement 01 / 29 / 2009
	Amount of Each Disbursement this Period 319.20 Category/Type: 006

SUBTOTAL of Disbursements This Page (optional)	2439.68
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) de Lage Landen Financial Services Mailing Address 1111 Old Eagle School Rd City Wayne State PA Zip Code 19087 Purpose of Disbursement copier lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212080 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 246.75
B.	Full Name (Last, First, Middle Initial) Discover Business Service Settlement Mailing Address P O Box 30943 City Salt Lake City State UT Zip Code 84130-0943 Purpose of Disbursement credit card discount Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212015 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 19.10
C.	Full Name (Last, First, Middle Initial) Intuit, Inc Mailing Address Box 2946 City Phoenix State AZ Zip Code 85062-9979 Purpose of Disbursement Software upgrade Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212053 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 755.79

SUBTOTAL of Disbursements This Page (optional)			1021.64
TOTAL This Period (last page this line number only)			

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Jimmy's Old Town Tavern	Transaction ID: D212062
	Mailing Address 697 Spring Street	Date of Disbursement 01 / 25 / 2009
	City Herndon State VA Zip Code 20170	Amount of Each Disbursement this Period 9803.75
	Purpose of Disbursement catering fund raising expense Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jimmy's Old Town Tavern	Transaction ID: D212063
	Mailing Address 697 Spring Street	Date of Disbursement 01 / 25 / 2009
	City Herndon State VA Zip Code 20170	Amount of Each Disbursement this Period 252.95
	Purpose of Disbursement catering fund raising expense Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mark Richards	Transaction ID: D212079
	Mailing Address 18108 Camdenhurst Drive	Date of Disbursement 01 / 29 / 2009
	City Gainesville State VA Zip Code 20155	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Graphics February newsletter Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10456.70
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

<p>A. Full Name (Last, First, Middle Initial) Merchant Service</p> <p>Mailing Address c/o World Bankcard Services 10855 Fairfax Blvd. 3rd Fl</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement credit card processing fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212014 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 572.95</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MidPhase Hosting Services, Inc.</p> <p>Mailing Address ATTN: Accounts & Billing 223 W. J</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement website hosting charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212025 Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 149.85</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MidPhase Hosting Services, Inc.</p> <p>Mailing Address ATTN: Accounts & Billing 223 W. J</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement website hosting charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212077 Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 149.85</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

872.65

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Ms. Kristen Alcorta	Transaction ID: D212045 Date of Disbursement 01 / 14 / 2009
	Mailing Address 3029 N Westmoreland St	Amount of Each Disbursement this Period 472.00
	City Arlington State VA Zip Code 22213	
	Purpose of Disbursement Fund raising expense - t shirts	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nauticon	Transaction ID: D212036 Date of Disbursement 01 / 10 / 2009
	Mailing Address 15878 Gaither Dr Gaithersburg MD	Amount of Each Disbursement this Period 138.15
	City Gaithersburg State MD Zip Code 20877	
	Purpose of Disbursement copier maintenance	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nauticon	Transaction ID: D212078 Date of Disbursement 01 / 29 / 2009
	Mailing Address 15878 Gaither Dr Gaithersburg MD	Amount of Each Disbursement this Period 904.02
	City Gaithersburg State MD Zip Code 20877	
	Purpose of Disbursement copier maintenance	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1514.17
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

<p>A. Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement accounting and donor database servi Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212037 Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1050.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Northern Virginia Community College</p> <p>Mailing Address Ernst Cultural Center 8333 Little</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement space rental inauguration ball Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212066 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 280.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Springfield Golf and Country Club</p> <p>Mailing Address 8301 Old Keene Mill Road</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Room rental party fund raising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212031 Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 3336.25</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4666.25

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

<p>A. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address P O Box 8077</p> <p>City London State KY Zip Code 40742</p> <p>Purpose of Disbursement Blackberry monthly service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212019 Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 106.94</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) TM 2815, LLC</p> <p>Mailing Address 2815 Hartland Rd Ste 300</p> <p>City Falls Church State VA Zip Code 22043-3548</p> <p>Purpose of Disbursement December lease space and utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212026 Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 3599.25</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) TM 2815, LLC</p> <p>Mailing Address 2815 Hartland Rd Ste 300</p> <p>City Falls Church State VA Zip Code 22043-3548</p> <p>Purpose of Disbursement January lease space and utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212027 Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 3599.25</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7305.44

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) TM 2815, LLC	Transaction ID: D212082 Date of Disbursement 01 / 29 / 2009
	Mailing Address 2815 Hartland Rd Ste 300	Amount of Each Disbursement this Period 3599.25
	City Falls Church State VA Zip Code 22043-3548	
	Purpose of Disbursement February lease space and utilities Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Postal Service - Merrifield	Transaction ID: D212057 Date of Disbursement 01 / 23 / 2009
	Mailing Address 8409 Lee Hwy	Amount of Each Disbursement this Period 3367.66
	City Merrifield State VA Zip Code 22081-0002	
	Purpose of Disbursement precinct letters non federal electi Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Postal Service - Merrifield	Transaction ID: D212018 Date of Disbursement 01 / 06 / 2009
	Mailing Address 8409 Lee Hwy	Amount of Each Disbursement this Period 650.00
	City Merrifield State VA Zip Code 22081-0002	
	Purpose of Disbursement Party fundraising event postage Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7616.91
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P O Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement telephone services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212030 Date of Disbursement 01 / 10 / 2009 Amount of Each Disbursement this Period 382.78 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P O Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement telephone services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212072 Date of Disbursement 01 / 29 / 2009 Amount of Each Disbursement this Period 422.85 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Virginia ABC Mailing Address Control P. O. Box 27491 City Richmond State VA Zip Code 23261-7491 Purpose of Disbursement liquor license Inaugural Ball Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212013 Date of Disbursement 01 / 02 / 2009 Amount of Each Disbursement this Period 55.00 003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

860.63

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank	Transaction ID: D212044 Date of Disbursement 01 / 13 / 2009
	Mailing Address 5350 Lee Hwy	Amount of Each Disbursement this Period 30.00
	City Arlington State VA Zip Code 22207-1608	
	Purpose of Disbursement bank service charge Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D212022 Date of Disbursement 01 / 09 / 2009
	Mailing Address 23 Main Street	Amount of Each Disbursement this Period 62.44
	City Holmdel State NJ Zip Code 07733	
	Purpose of Disbursement telephone services Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D212023 Date of Disbursement 01 / 09 / 2009
	Mailing Address 23 Main Street	Amount of Each Disbursement this Period 4718.88
	City Holmdel State NJ Zip Code 07733	
	Purpose of Disbursement telephone services Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4811.32
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D212024 Date of Disbursement
	Mailing Address 23 Main Street	<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period
	Purpose of Disbursement telephone services	<input type="text" value="40.46"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Laura Austin Sonnenmark	Transaction ID: D212032 Date of Disbursement
	Mailing Address 9114 Volunteer Drive	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22309	Amount of Each Disbursement this Period
	Purpose of Disbursement party building event food	<input type="text" value="84.55"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Safeway Store # 1283	Transaction ID: D212089 Date of Disbursement
	Mailing Address 8646 Richmond Hwy	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22309	Amount of Each Disbursement this Period
	Purpose of Disbursement party building event food	<input type="text" value="84.55"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Laura Austin Sonnenmark <hr/> Mailing Address 9114 Volunteer Drive <hr/> City Alexandria State VA Zip Code 22309 <hr/> Purpose of Disbursement party building event food Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212033 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 380.57 <hr/> 001 Category/Type
B.	Full Name (Last, First, Middle Initial) Costco Newington Springfield <hr/> Mailing Address 7373 Boston Boulevard <hr/> City Springfield State VA Zip Code 22153 <hr/> Purpose of Disbursement party building event food Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212088 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 380.57 <hr/> 001 Category/Type [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Laura Austin Sonnenmark <hr/> Mailing Address 9114 Volunteer Drive <hr/> City Alexandria State VA Zip Code 22309 <hr/> Purpose of Disbursement party building event mailing labels Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212034 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 27.99 <hr/> 001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	408.56
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Staples Richmond Highway	Transaction ID: D212087 Date of Disbursement
	Mailing Address 7708 Richmond Highway	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement party bulding event maling labels Candidate Name	<input type="text" value="27.99"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ms. Janet Louise Myhre	Transaction ID: D212038 Date of Disbursement
	Mailing Address 4012 Woodley Dr	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22309-2541	Amount of Each Disbursement this Period
	Purpose of Disbursement projector for party training Candidate Name	<input type="text" value="682.49"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Staples Mount Vernon Plaza	Transaction ID: D212086 Date of Disbursement
	Mailing Address 7708 Richmond Highway	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement projector for party training Candidate Name	<input type="text" value="682.49"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="682.49"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Carole Burk	Transaction ID: D212065 Date of Disbursement 01 / 28 / 2009
	Mailing Address 10150 Hampton Rd.	Amount of Each Disbursement this Period 212.45
	City Fairfax Station State VA Zip Code 22039	
	Purpose of Disbursement tablecloths for party fundraiser Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Reliable Paper, Inc.	Transaction ID: D212085 Date of Disbursement 01 / 28 / 2009
	Mailing Address 1030 A Northpoint Pkwy SE	Amount of Each Disbursement this Period 212.45
	City Acworth State GA Zip Code 30102	
	Purpose of Disbursement tablecloths party fundraiser Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ruth Kristine Miller	Transaction ID: D212076 Date of Disbursement 01 / 29 / 2009
	Mailing Address 9102 Sweet Spice Ct	Amount of Each Disbursement this Period 1174.97
	City Springfield State VA Zip Code 22152	
	Purpose of Disbursement party fundraiser t-shirts Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1387.42
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.

Full Name (Last, First, Middle Initial)
Kennedy Graphics, Inc.

Transaction ID: D212084

Date of Disbursement

Mailing Address P.O. Box 1000

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	1		2	9		2	0	0	9

City Lees Summit State MO Zip Code 64063

Amount of Each Disbursement this Period

1174.97

Purpose of Disbursement
party fundraiser t-shirts

003
Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

48309.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Sharon Bulova For Chairman	Transaction ID: D212058 Date of Disbursement
	Mailing Address P O Box 19	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement County Committee Contribution	<input type="text" value="5000.00"/>
	Candidate Name Sharon Bulova For Chairman	<input type="text" value="008"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sharon Bulova For Chairman	Transaction ID: D212059 Date of Disbursement
	Mailing Address P O Box 19	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement Womens Committee contribution	<input type="text" value="800.00"/>
	Candidate Name Sharon Bulova For Chairman	<input type="text" value="008"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sharon Bulova For Chairman	Transaction ID: D212060 Date of Disbursement
	Mailing Address P O Box 19	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement Mt. Vernon Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Sharon Bulova For Chairman	<input type="text" value="008"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6300.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="6300.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial) Advantage Business Payroll <hr/> Mailing Address Auburn Branch P O Box 1330 Auburn <hr/> City Auburn State ME Zip Code 04211-1330 <hr/> Purpose of Disbursement payroll processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212068 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 132.22
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Advantage Business Payroll <hr/> Mailing Address Auburn Branch P O Box 1330 Auburn <hr/> City Auburn State ME Zip Code 04211-1330 <hr/> Purpose of Disbursement wages & salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212069 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 3638.80
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Advantage Business Payroll <hr/> Mailing Address Auburn Branch P O Box 1330 Auburn <hr/> City Auburn State ME Zip Code 04211-1330 <hr/> Purpose of Disbursement employee taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212070 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1691.97
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5462.99

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Advantage Business Payroll	Transaction ID: D212071 Date of Disbursement
	Mailing Address Auburn Branch P O Box 1330 Auburn	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement employer taxes	<input type="text" value="550.48"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Advantage Business Payroll	Transaction ID: D212047 Date of Disbursement
	Mailing Address Auburn Branch P O Box 1330 Auburn	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll processing fee	<input type="text" value="58.22"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Advantage Business Payroll	Transaction ID: D212048 Date of Disbursement
	Mailing Address Auburn Branch P O Box 1330 Auburn	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement wages & salaries	<input type="text" value="1249.04"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1857.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A. Full Name (Last, First, Middle Initial) Advantage Business Payroll <hr/> Mailing Address Auburn Branch P O Box 1330 Auburn <hr/> City Auburn State ME Zip Code 04211-1330 <hr/> Purpose of Disbursement employee taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212049 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 481.73
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Advantage Business Payroll <hr/> Mailing Address Auburn Branch P O Box 1330 Auburn <hr/> City Auburn State ME Zip Code 04211-1330 <hr/> Purpose of Disbursement employer taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212050 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 189.87
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield <hr/> Mailing Address PO Box 79749 <hr/> City Baltimore State MD Zip Code 21279-0749 <hr/> Purpose of Disbursement employee health insurance premium Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212035 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 209.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	880.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fairfax County Democratic Committee

A.

Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield

Mailing Address PO Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement
employee health insurance premium

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D212081

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

209.00

SUBTOTAL of Disbursements This Page (optional) ▶

209.00

TOTAL This Period (last page this line number only) ▶

8410.33

Form/Schedule: **F3XN**

Transaction ID:

The Fairfax County Democratic Committee will continue to file monthly reports in 2009 due to paid staff who devote more than 25 percent of their compensated time to federal elections. The full cost of paid staff is reported as FEA on Schedule B supporting line 30(b) of our report. The Committee does not raise funds for any federal candidate. Fund raising is exclusively for the benefit of the Fairfax County Democratic Committee. So all expenses reported for fund raising involve party fund raising only. Virtually all activities of the Fairfax County Democratic Committee in 2009 will focus on state and local (non-federal) elections, unless occasion arises for a special election involving a federal candidate. The Committee began allocating administrative expenses in June 2008; however, shortages of funds in our non federal account prevent us from transferring non federal account funds to our federal account to offset shared administrative expenses. Once the non federal account balance is adequate to make these transfers in 2009, then the transfers will resume. Meanwhile, all administrative expenses of the committee will be paid 100 percent with federal funds.